

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29850**
Registrar's No. **3739**

FILED SEP 25 1948 49
Registration District No. **1002**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Eddy Convalescent Home** **4**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 years**
(Specify whether years, months or days)
In this community **2 years**

3. (a) PRINT FULL NAME **MISS SARAH FRANCES LONG**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Dec 7 1871**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 **9** **4** hr. min.

9. Birthplace **Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business

12. Name **Myron Long**

13. Birthplace **Iowa**
(City, town, or county) (State or foreign country)

14. Maiden name **Rachel McDonald**

15. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Victor Zahner**

(b) Address **4532 Penn**

17. (a) **Removal** (b) Date thereof **9/13/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Osawatomie, Kansas**

18. (a) Signature of funeral director **Thurk, Tobin**

(b) Address **20 West Linwo**

19. (a) **9-13-48** (b) **Deraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City** **5**
(If outside city or town limits, write "RURAL")
(d) Street No. **4532 Main**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11th** day **Sept**
year **1948** hour **5:45** minute **A** M

21. I hereby certify that I attended the deceased **Sarah**
Year 19 **48** to **date** 19 **48**
that I last saw her alive on **1 month ago** 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Arteriosclerosis**
Due to **Coronary Arteriosclerosis**
Due to **Myocardial Infarction**

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury **1**
23. Signature **John H. Holmes** (M. D. or other)
Address **2402 Argonne** Date signed **9/13/48**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address. Kansas City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.